## CHECKLIST FOR LICENSE EXEMPT COMPLIANCE -CHILD CARE CENTERS-

Institu	tion: Facility:	Facility:			
(Checl plan.)	(Check the appropriate answer. Explain all "no's" on a separate sheet with appropriate corrective action plan.)				
GENERAL STANDARDS  1. Director/Owner is 21 years of age and has a college degree or equivalent.   □ Yes □ No □ N/a					
	Directors approved prior to January 1, 1998 must have a high school diploma or approved equivalent such as a general equivalency diploma (G.ED.)	□ Yes □ No □ N/a			
2.	Two caregivers are present at the center at all times when there are more than six children present.	□ Yes □ No □ N/a			
	Any additional caregiver is 18 years of age.  In the absence of the Director, all persons left in charge are at least 18	□ Yes □ No □ N/a □ Yes □ No □ N/a			
CT A I	years of age.				
	F TRAINING Dated agendas and sign-in sheets to document annual Civil Rights training for all staff and training of key staff on key CACFP topics - at least annually for existing staff; upon hire for new staff.	□ Yes □ No □ N/a			
STAFF: CHILD RATIO  1. Center is in compliance with the Utah Department of Health, Bureau of		□ Yes □ No □ N/a			
2.	Licensing. Two caregivers must accompany children when leaving the center.	□ Yes □ No □N/a			
	DISCRIMINATION				
1.	Day care services and meals are available without discrimination on the basis of race, color, national origin, sex, age or disability.	□ Yes □ No □ N/a			
	ETY AND SANITATION				
1.	A current health/sanitation and fire/building safety permit or satisfactory report of an inspection conducted by local authorities within the past 12 months is on file and a copy has been submitted to the Sate Office of	□ Yes □ No □ N/a			
2.	Education, Child and Adult Care Food Program. Fire drills are-held as outlined by the fire department.	□ Yes □ No □ N/a			
3.	· · · · · · · · · · · · · · · · · · ·	□ Yes □ No □ N/a			
4. 5.	Emergency numbers are posted and all telephones are in working order.	□ Yes □ No □ N/a □ Yes □ No □ N/a			

6.	Infants and toddlers do not have access to toys smaller than 1 ¼ inches.	$\Box$ Yes $\Box$ No $\Box$ N/a
SUIT	CABILITY OF FACILITIES	
	Ventilation, temperature and lighting are adequate for children's safety and comfort.	□ Yes □ No □ N/a
2.	Floors and walls are cleaned and maintained in a condition safe for children.	□ Yes □ No □ N/a
3.	Space and equipment are adequate for play, activities and rest for the number and age range of children in care.	□ Yes □ No □ N/a
4.	There is a separate infant area.	$\sqcap$ Yes $\sqcap$ No $\sqcap$ N/a
5.	Unsafe areas are separate and made inaccessible to the children.	$\square$ Yes $\square$ No $\square$ N/a
6.	There is one toilet and lavatory for every 15 children.	$\sqcap$ Yes $\sqcap$ No $\sqcap$ N/a
7.	There is a play area of a minimum of 35 sq. ft. per child.	□ Yes □ No □ N/a
8.	Separate cribs, cots, beds or mats (with impermeable washable covers and sheets) spaced 3 ft. apart are provided for each child who will remain in the center during designated nap or rest periods.	□ Yes □ No □ N/a
9.	Cots and mats are disinfected weekly or prior to use by another child.	□ Yes □ No □ N/a
	Outdoor area is fenced or has a natural barrier that provides protection from unsafe areas.	□ Yes □ No □ N/a
HΕΔ	LTH SERVICES	
	Each child is observed daily for indications of difficulties in social	□ Yes □ No □ N/a
1.	adjustment, illness, neglect, or abuse and appropriate action is initiated.	
2.	A procedure is established to ensure prompt notification of the parent or guardian in the event of a child's illness or injury and to ensure prompt medical treatment in case of emergency.	□ Yes □ No □ N/a
3.	Health records, including records of medical examinations and immunizations, are maintained for each enrolled child.	□ Yes □ No □ N/a
4.	At least one full-time staff member is currently qualified in first aid and CPR.	□ Yes □ No □ N/a
5.	There is an initial health evaluation for caregivers and TB screening every two years.	□ Yes □ No □ N/a
6.	If a staff member develops indications of a physical, emotional or mental condition which could jeopardize the well being of any child or which could prevent satisfactory performance of duties, the staff member is excluded from the center until the condition is resolved to the satisfaction of a licensed physician or other appropriate professional. Physician or professional release statement is placed in the staff personnel files.	п Yes п No п N/a
PAR	ENTAL INVOLVEMENT	
1.	Parents are afforded the opportunity to observe their children in day care.	$\square$ Yes $\square$ No $\square$ N/a
2.	Notification is given to parents (and the local health department) of any outbreak of communicable diseases or parasites.	□ Yes □ No □ N/a

MEA	L SERVICE STANDARDS					
1.	Menus for meals/snacks are posted weekly or place where parents can view them.	for the month in an obvious	□ Yes □ No □ N/a			
	All meals/snacks served are in accordance wi guidelines.	_	□ Yes □ No □ N/a □ Yes □ No □ N/a			
	Sufficient food is available for second serving Meals/snacks to be claimed are served at the in the program agreement.		□ Yes □ No □ N/a			
5.	All staff members that cook or serve have a v	ralid food handler's permit.	$\ \ \square \ Yes \ \ \square \ No \ \ \square \ N/a$			
If any "no's" were checked, this center is not in compliance and there must be a follow-up visit for final approval before a claim can be made.						
I certify to the best of my knowledge this compliance checklist is true and correct in all respects, that records are available to support this checklist, and that it is in accordance with the terms of existing agreement(s). I recognize that I will be fully responsible for any action which may result from erroneous or neglectful reporting herein. I also understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statues.						
	DIRECTOR SIGNATURE	REPRESENTATIVE (	OF USOE			
DATE:		APPROVAL DATE:				